Major Donor and		COMMITTE				
Independent Expenditure Co Campaign Statement (Government Code Sections 84200-84216.5)	ommittee Type	or print in ink.	Date Stamp	CALIFORNIA 461 FORM		
	Statement covers period	Date of election if applicable:	1	1/3		
Amendment	from01/01/2017	(Month, Day,Year)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2017					
1. Name and Address Of Filer		3. Summary				
NAME OF FILER (Include name(s) of all affiliated entities whose CADIZ,INC.	contributions are included in this statement.)	(Amounts may be rounded to what 1. Expenditures and cont (including loans) of \$10	ributions 00 or more	11000.00		
MAILING ADDRESS	(NO. AND STREET)	made this period. (Part	•	\$11900.00		
CITY	STATE ZIP CODE	2. Unitemized expenditur contributions (including \$100 made this period	g loans) under	\$0.00		
LOS ANGELES RESPONSIBLE OFFICER (If filer is other than an individual)	CA 90071 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$11900.00		
Timothy Shaheen		Total expenditures and made from prior staten				
2. Nature and Interests of Filer A FILER THAT IS AN INDIVIDUAL MUST LIST TO	' (Complete each applicable section.) THE NAME, ADDRESS, AND BUSINESS INTERESTS NAME, ADDRESS, AND NATURE OF THE BUSINESS	amount from Line 5 of	last statement			
OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME OF EMPLOYER/BUSINESS	NAME, ADDRESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS	filed. If this is the first the calendar year, enter		\$0.00		
NAME OF EMILECTENDOGINESS	BOSINESS INTERESTS	5. Total expenditures and (including loans) made	contributions	·		
ADDRESS OF EMPLOYER/BUSINESS	·	January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$11900.00		
A FILER THAT IS A BUSINESS ENTITY MUST I ENGAGED	DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification I have used all reasonable	e diligence in preparin	g this statement. I have		
Water & Agricultural Assets		reviewed the statement ar	nd to the best of my kr	nowledge the information		
	OVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS	contained herein is true ar the laws of the State of Ca		under penalty of perjury under oing is true and correct.		
A FILER THAT IS NOT AN INDIVIDUAL, BUSINI COMMON ECONOMIC INTEREST OF THE GRO	ESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE DUP OR ENTITY	Executed on01/31/2018	SI	haheen GNATURE OF INDIVIDUAL DONOR OR BLE OFFICER IF OTHER THAN AN INDIVIDUAL		
			KESPONSI	DLE OFFICER IF OTHER THAN AN INDIVIDUAL		

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	ent covers period	CALIFORNIA	461	
from	01/01/2017	FORM	401	
through	12/31/2017	2/3		
unougn		1		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CADIZ,INC.

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

Sacramento ID: 790729 Reference No: Seference No: Sacramento ID: 790729 Reference No: Seference No:	DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
Other County Supervisor County Dist. 1 Victorville CA 92395 ID: 1392781 Reference No: Odher County Supervisor County Dist. 1 No: San Bernardino County Dist. 1 NO: Support Oppose Robert Lovingood Other County Supervisor County Dist. 1 NO: Support Oppose Robert Lovingood Other County Supervisor Supervisor Supervisor Supervisor County Supervisor Supervisor Supervisor Supervisor Supervisor Supervisor Supervisor Supervisor Supervisor County Supervisor Supervi	08/15/2017	Sacramento CA 95814	Contribution Loan Non-Monetary Contribution Independent			5000.00	\$
Contribution Loan County San Bernardino County Dist. 1 Other	02/03/2017	Victorville CA 92395	Contribution Loan Non-Monetary Contribution Independent		Other County Supervisor County San Bernardino County I San Bernardino County Dist. 1 NO:		\$O.00
Sacramento CA 95814 ID: 1388634 Reference No: Sames Kamos to Can Demarkative County State Distance State Demarks Team of County Supervisor County County Supervisor County San Bernardino County Dist. 3 San Bernardino County Dist. 3 NO: Samues Kamos to Can Demark State Distance Socious State Demarks Team of County Supervisor County San Bernardino County Dist. 3 NO: Samues Kamos to Can Demark State Distance Socious State Demarks Team of County Supervisor County San Bernardino County Dist. 3 NO: Samues Kamos to Can Demark State Demarks Team of County Dist. 3 San Bernardino County Dist. 3 NO: Samues Kamos to Can Demark State Demarks Team of County Dist. 3 San Bernardino County Dist. 3 NO: Samues Kamos to Can Demark State Demarks Team of County Dist. 3 San Bernardino County Dist. 3 NO: San Bernardino County Dist. 3 NO: San Demark State Demarks Team of County Dist. 3 NO: San Demark State Demarks Team of County Dist. 3 NO: San Demark State Demarks Team of County Dist. 3 NO: San Demark State Demark S	03/15/2017	Victorville CA 92395	Contribution Loan Non-Monetary Contribution Independent		Other County Supervisor County San Bernardino County I San Bernardino County Dist. 1 NO:		\$2000.00
	11/02/2017	Sacramento CA 95814	Contribution Loan Non-Monetary Contribution Independent	20	Other County Supervisor County San Bernardino County I San Bernardino County Dist. 3 NO:		\$

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	ent covers period	CALIFORNIA	161	
from	01/01/2017	FORM	461	
through	12/31/2017	3/3		
unougn				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CADIZ,INC.

5. (Contributions	(Including	Loans,	Forgiveness	of Loans,	and Loan	Guarantees) and Ex	penditures	Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/28/2017	Re-Elect Senator Atkins 2020 Encinitas CA 92024 ID: 1393189 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Toni Aktins State Senator Senate District NO: 39 X Support Oppose	4400.00	\$ 4400.00 Other \$ 0.00

SUBTOTAL \$

11900.00